

**Declaration on Electronic Submission of Claim Documents**

I, \_\_\_\_\_, aged \_\_\_\_\_ years, enrolled in Vidal Health Insurance TPA Pvt. Ltd. ("Vidal Health") vide Vidal card ID \_\_\_\_\_ hereby agree and accept the following terms and conditions:

1. I have included PDF copies of all the bills / receipts for the purpose of claiming my health insurance reimbursement benefit and have not submitted the same, for claiming reimbursement, to any other Third Party Administrator.
  
2. I agree to submit the original copies of these bills to Vidal Health within 15 days/(as per policy guidelines, whichever is applicable) of Online Claim submission or end of the government mandated COVID-19 lockdown. I agree to repay all reimbursement amount received by me along with recovery costs incurred by Vidal Health to make the recovery, in case of non-submission, forgery, or discrepancy between the PDF copies and the original copies of the bills.
  
3. I agree to send a self-attested copy of my valid Identity proof by mail, in case it was not submitted by me at the time of enrolment/admission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Email ID: \_\_\_\_\_  
Mobile No: \_\_\_\_\_